

that, although the workload for the vacant position will be handled, there will be two adjustment periods required of both patients and the permanent staff: one to orient and acculturate the temporary staffer and another to orient and acculturate the new staff member a few months later.

Also, it is important to note that temporary nurses do not fulfill all the responsibilities associated with their role. They do not generally function in the charge nurses role, or assist in periods of adverse weather. They do not serve on hospital based committees, nor are they subject to mandatory overtime. These duties remain with the permanent nurses, creating tensions between permanent and temporary staff members, and providing further incentives to the permanent staff to look elsewhere for employment. In addition, initiatives such as automation and the electronic medical record will likely be hampered in facilities that rely on a large number of temporary personnel, due to the steep learning curve and the need for intensive training in order for nurses to be competent in these processes.

Public hospitals funded by the state face some unique constraints when it comes to dealing with the nursing workforce. Public funding means that budgets are relatively inflexible. As a result, adjusting wage levels in order to remain competitive in a changing labor market is difficult if not impossible. It is difficult to conduct salary studies to determine how well current pay structures in our psychiatric hospitals compare to the surrounding community because bonuses and other retention measures, such as shift differentials, which have been on the increase in recent years, are usually not included in a nurse's base pay figures, and the Office of State Personnel is currently relying on simple base pay comparisons for nursing salary studies. Because of this approach, along with annual raises which have not kept pace with the cost of living, and the large increases in family healthcare coverage for state employees, the current salary and benefit package in place for nurses in our state's psychiatric hospitals is inadequate to attract and retain sufficient numbers of qualified registered nurses to care for this very difficult patient population.

In addition, employment standards and hiring processes may suffer from a bureaucratic attitude (due to the centralized employment structures of state government) that slows the hiring process and contributes to the lengthy fill times for nursing positions. These types of barriers should be examined and streamlined as much as possible to improve the ability of our state psychiatric hospitals to be competitive in an increasingly tight nursing labor market. Furthermore, focusing on the retention of existing staff, and expending the necessary resources to make retention programs effective, could reduce turnover rates, lower vacancy rates, and result in a more stable and qualified workforce.

ⁱ North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services. "Blueprint for Change: State Plan 2005." July, 2005. North Carolina Department of Health and Human Services.